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| UTILITY PATENT APPLICATION TRANSMITTAL <i>Only for new nonprovisional applications under 37 C.F.R. § 1.53(b)</i> | Attorney Docket No. | A-9512 |
| | First Inventor or Application No. | RIGGSBY ET AL. |
| | Title | A DEVICE INCLUDING AN EQUALIZER AND AN AMPLIFICATION CHAIN FOR BROADBAND INTEGRATED CIRCUIT APPLICATIONS |
| | Express Mail Label No. | EV447394010US |

 28997 U.S. PTO
10/825994


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| APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents | | ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 | |
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) (Submit an original and duplicate for fee processing) 2. <input checked="" type="checkbox"/> Specification [Total Pages <u>14</u>] | | 5. <input type="checkbox"/> Microfiche Computer Program (Appendix) 6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (e.g. PTO/SB/17) a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies | |
| 3. <input checked="" type="checkbox"/> Drawings (35 U.S.C. § 113) [Total Sheets <u>6</u>] 4. Oath or Declaration [Total Pages <u>3</u>] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 16 completed) i. <input type="checkbox"/> DELETION OF INVENTORS Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b) | | ACCOMPANYING APPLICATION PARTS 7. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of (when there is an assignee) Attorney 9. <input type="checkbox"/> English Translation Document (if applicable) 10. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations 11. <input type="checkbox"/> Preliminary Amendment 12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 13. <input type="checkbox"/> Small Entity <input type="checkbox"/> Statement filed in prior application, Statement(s) Status still proper and desired 14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 15. <input type="checkbox"/> Other: | |
| 16. <input type="checkbox"/> If a CONTINUING APPLICATION , check appropriate box, and supply the information below and in a preliminary amendment: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: Prior application information: Examiner: Group Art Unit: | | | |
| 17. CORRESPONDENCE ADDRESS | | | |
| <input checked="" type="checkbox"/> Customer Number or Bar Code 05642 or <input type="checkbox"/> Correspondence address below | | | |
| Name _____ Address _____ City _____ State _____ Zip Code _____ Country _____ Telephone _____ Fax _____ | | | |
| Name (Print/type) SHELLEY L. COUTURIER | | Registration No. (Attorney/Agent) 47,503 | |
| Signature <i>S. Couturier</i> | | Date APRIL 16, 2004 | |

UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: RIGGSBY ET AL.
DOCKET NO.: A-9512
TITLE: A DEVICE INCLUDING AN EQUALIZER AND AN
AMPLIFICATION CHAIN FOR BROADBAND INTEGRATED
CIRCUIT APPLICATIONS

APRIL 16, 2004

FEE TRANSMITTAL FORM

Mail Stop PATENT APPLICATION
Commissioner for Patents
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Alexandria, VA 22313-1450

Dear Sir:

The Commissioner is hereby authorized to charge the indicated fees and any additional fees and to credit any overpayments to Deposit Account No. 19-0761

The fee is calculated as shown below.

| | No. of Claims Filed | No. of Claims Paid For | No. of Extra Claims | Rate | Fee |
|---------------------------|------------------------|---------------------------|------------------------|----------|----------|
| Independent Claims | 3 | 3 | 0 | \$ 86.00 | \$000.00 |
| Total Claims | 17 | 20 | 0 | \$ 18.00 | \$000.00 |
| Multiple Dependent Claims | | | | \$290.00 | \$000.00 |
| Basic Filing Fee | | | | \$770.00 | \$770.00 |
| Total Filing Fee | | | | | \$770.00 |

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SEND CORRESPONDENCE TO:

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on APRIL 16, 2004.


Maryellen Licker

Docket No.: A-9512